

 <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p>	 <p>TOWN OF NAHANT BUILDING DEPARTMENT, TOWN HALL 335 Nahant Road, NAHANT, MA 01908</p>
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Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
<b>E-13-2622</b>	<b>1/23/2013</b>	<b>E-13-0031</b>	<b>180</b>	<b>604</b>	<b>1/23/2013</b>

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

All work to be performed in accordance with the Massachusetts Electrical Code (MEC).527 CMR 12.00

City or Town of: <b>Nahant</b> To the Inspector of Wires:	
By this application the undersigned gives notice of his or her intention to perform the electrical work described below.	
Location (Street & Number) <b>6 SWALLOW CAVE RD</b>	
Owner or Tenant <b>DINEEN J + KRANSNOW J TRUSTEE</b>	Telephone No. <b>1111111111</b>
Owner's Address <b>P.O. BOX 55159</b>	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)	
Purpose of Building <b>SFR</b>	Utility Authorization No.
Existing Service <b>200 Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters <b>1</b></b>	
New Service <b>Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters</b>	
Number of Feeders and Ampacity	
Location and Nature of Proposed Electrical Work: <b>REWIRING WHOLE HOUSE</b>	

*Completion of the following table may be waived by the Inspector of Wires.*

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers Total KVA	
No. of Lighting Outlets	No. of Hot Tubs		Generators KVA	
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners		No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond	Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals:	Number	Tons	KW
No. of Dishwashers	Space/Area Heating KW		No. of Self-Contained Detection/Alerting Devices	
No. of Dryers	Heating Appliances		KW	Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	Security Systems: No. of Devices or its Equivalent
No. Hydromassage Bathtubs	No. of Motors	Total HP	Data Wiring: No. of Devices or its Equivalent	
Telecommunications Wiring: No. of Devices or its Equivalent				

OTHER: \_\_\_\_\_

*Attach additional detail if desired , or as required by the Inspector of Wires.*

**Insurance Coverage:** Unless waived by the owner, no permit for the performance of electrical work may issue unless the license provides proof of liability insurance including; "completed operation" coverage or its substantial equivalent. The undersigned or its equivalent certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE:  INSURANCE  BOND  OTHER  (Specify: ) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

Estimated Value of Electrical Work: **18000** (When required by municipal policy.)

Work to Start: **1/23/2013** Inspections to be requested in accordance with MEC Rule 10, and upon completion.

*I certify, under the pains and penalties of perjury, that the information on this application is true and complete.*

FIRM NAME: <b>SHIELDS ELECTRIC</b>	LIC. NO. :
License: <b>JOHN SHIELDS</b>	LIC. NO. : <b>A12027</b>
(If applicable , enter "exempt" in the license number line.)	Bus. Tel. No. : <b>9785027443</b>
Address: <b>P.O. BOX 79, GLOUCESTER, MA</b>	Alt. Tel. No. :

**OWNER'S INSURANCE WAIVER:** I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one)  owner  owner's agent.

Owner/Agent Signature: _____	Applicant Name: <b>SHIELDS ELECTRIC</b>	Telephone No. <b>9785027443</b>
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